

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94 a

04946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 70 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary M. Adams

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

Wm T. Adams

7. Birth date of deceased (mo., day, yr.)

Dec-19-1874

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

73420

hrs.

min.

9. Birthplace

Chatham, Dor County

(Town, county, and state)

10. Usual occupation

Practical Nursing

11. Industry or business

FATHER
MOTHER

12. Name

Harrison Means

13. Birthplace

Dor Co.

14. Maiden name

Emily - last name unknown

15. Birthplace

Dor Co.

16. Informant

Russell B. Adams

Address

Leaves, Del

17.

(Burial, cremation, or removal, which)

Date thereof

(month) (day) (year)

Cemetery or crematory

East New Market

Location

East New Market, Md.

18. Funeral director

Kenneth R. Shivers

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

May 4-48John Mace

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Church St.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 9

19

48 at 2:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-3

19

48 toMay 9

19

and that I last saw h..... alive on

5-2-48

19

Immediate cause of death

Coronary Occlusion

DURATION

20 Min

Due to

Coronary Thrombosis6 Mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Maryanov, M.D.

M. D. or other

Address

136 Race Street, Cambridge, Md.

Date signed

5-10-48

RECEIVED

MAY 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Glenburn Ave. (311)
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emma Grey Andrews

3. (b) Social Security Number

- - - -

| | | |
|---------------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| <u>Female</u> | <u>White</u> | <u>Widowed</u> |

6.(b) Name of husband or wife James E. Andrews
(Died 1941)7. Birth date of deceased (mo., day, yr.) Feb. 27, 1878

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | It less than one day |
| | <u>70</u> | <u>3</u> | <u>2</u> |hrs.min. |

9. Birthplace Delaware
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Joshua Grey13. Birthplace Delaware14. Maiden name Charlotte Collins15. Birthplace Delaware16. Informant Mr. James E. Andrews, Jr.Address Cambridge, Maryland.17. Burial Date thereof June 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 1, 1948 John M. [Signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1948 at 10:48 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 APRIL 1948 to 29 MAY 1948 and that I last saw h. ER alive on 29 MAY 1948

Immediate cause of death

CARDIOVASCULAR-RENAL DISEASEDue to HYPERTENSION

Due to

Other conditions GALL BLADDER DISEASE
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. [Signature] M.D.
Address 105 E. HURST ST.
2 AMBROSE ST. Date signed 31 MAY 48

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 113 Rue de L'En St
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

James Lilghman Baker

3. (b) Social Security Number

218-05-4267

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Earth King Baker
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) May 10 - 1884

8. AGE: Years 64 Months 5 Days 5 If less than one day
 hrs. min.

9. Birthplace Queen Anne Co. Maryland
 (Town, county, and state)

10. Usual occupation Wetman, Farmer, Licker

11. Industry or business James Baker

12. Name James Baker

13. Birthplace Delaware

14. Maiden name Amanda Johnson

15. Birthplace Delaware

16. Informant Mrs Earth King Baker

Address 113 Rue de L'En St. Cambridge Md.

17. Burial Date thereof May 18. 48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Centerville

Location Centerville Maryland

18. Funeral director Barton Bros

Address Centerville Maryland

19. May 18. 48 John Muep M.D. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 130 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1948 to May 16 1948

and that I last saw him alive on May 16 1948

Immediate cause of death Coronary Thrombosis

Due to unknown

Due to unknown

Other conditions acute

(Include pregnancy within 5 months of death)

Major findings of operations acute

Date of op. May 16

Autopsy results acute

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 16

Where did injury occur? Cambridge (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury heart Injured at work?

23. SIGNATURE James A. Johnson M.D. M. D. or other

Address Cambridge Md Date signed May 17

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 1 1962
OFFICE OF THE
DIRECTOR, U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correctly and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 3 or 10 years
 Hospital, institution, or street address where death occurred.....
500 Oakley St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... MD. County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 500 Oakley St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Ella Smith Blake

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... George Bradford Blake 6. (c) If alive, give age..... 73 years
 7. Birth date of deceased (mo., day, yr.)..... June 20, 1876
 8. AGE: Years..... 71 Months..... 11 Days..... 8 If less than one day..... hrs. min.

9. Birthplace..... Easton Talbot Co. Md.
(Town, county, and state)10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Jesse Smith13. Birthplace..... Easton, Md.14. Maiden name..... Emily Harvey15. Birthplace..... Easton, Md.16. Informant..... Emily B. Start

Address.....

17. Burial Date thereof..... May 29 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Spring HillLocation..... Easton, Md.18. Funeral director..... Mrs. E. DeaneAddress..... Easton, Md.19. May 28, 1948 John Mace Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 28 19..... 48 at..... 725 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... June 19..... 46 to..... May 19..... 48

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Uremia

DURATION

4 daysDue to..... Hypertensionarteriosclerotic C.V.D.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

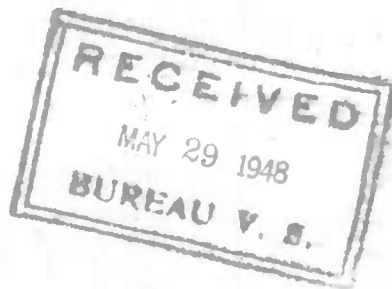
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... James D. Thompson M. D. or otherAddress..... Cambridge, Md. Date signed..... May 28

6. Locust St.

Mace



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
25 High St.
 How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 25 High St.
 (If rural, give LOCATION)
World War 1
 2.(a) If veteran, name war

3. (a) FULL NAME
Frederick A. Brannock

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lillie T. Brannock
 6.(c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) March 23, 1893
 8. AGE: Years 55 Months 1 Days 15 If less than one day
 hrs. min.

9. Birthplace Cambridge, Maryland
 (Town, county, and state)
 10. Usual occupation Merchant
 11. Industry or business Confectionary
 12. Name R. Frank Brannock
 13. Birthplace Maryland
Ella Wood
 14. Maiden name
 15. Birthplace Maryland

16. Informant Mrs. Lillie Brannock
 Address Cambridge, Maryland.
 17. Burial Date thereof May 11, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
Cambridge, Maryland.
 Location
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. May 11 48 John M. ...
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 19 48 at 6:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 19 48 to May 8 19 48
 and that I last saw him alive on May 8 19 48

Immediate cause of death Cerebral hemorrhage
(arterial)
 DURATION 36 hrs.

Due to hypertension

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. ...
Cambridge, Md M. D. or other

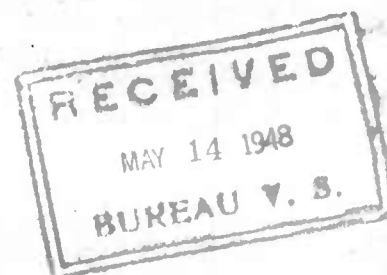
Address Date signed 5-10-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04951

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Deal Island
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) I1 veteran, name war _____

3. (a) FULL NAME

William Otto Brown

3. (b) Social Security Number

214-12-6103

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Annie LeCates
6.(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) August 13, 1874
8. AGE: Years 73 Months 9 Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Deal Island, Md.
(Town, county, and state)
10. Usual occupation waterman
11. Industry or business _____
FATHER 12. Name Adolphus Gustavus Brown
13. Birthplace Switzerland
MOTHER 14. Maiden name Louisa Thomas
15. Birthplace Deal Island, Md.

16. Informant Eastern Shore State Hospital Records
Address Cambridge, Maryland
17. Burial Date thereof May 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Deal Island Cemetery
Location Deal Island, Maryland
18. Funeral director W. G. Webster
Address Deal Island, Md
19. May 14 19 48 John Macfarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 48 at 7:20 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 48 to May 13 19 48
and that I last saw him alive on May 13 19 48

Immediate cause of death _____
DURATION _____
Arteriosclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe M.D. M. D. or other _____
Address E.S.S.H., Cambridge, Md. Date signed 5/13/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a

04952

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 238 Race St.
(If rural, give LOCATION)2.(d) If veteran, name war none

3. (a) FULL NAME

Charles J. Coates

3. (b) Social Security Number

217-12-4996

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Nina Coates

7. Birth date of

deceased (mo., day, yr.)

Jan 3 - 1870

6. (c) If alive, give age years

8. AGE:

Years

78

Months

4

Days

25

If less than one day

hrs.

min.

9. Birthplace

Bridgeton, Del.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Wm. J. Coates

12. Name

13. Birthplace

14. Maiden name

Eleanor Lyden

15. Birthplace

Del.Mrs. Ely, Blader6 Glasgow St., CambridgeBurial5-31-48East New MarketEast New Market, Md.Kenneth R. ShumanCambridge, Md.6-3-1948John Mac Jr. M.D.Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1948 at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12 1948 to May 29 1948and that I last saw him alive on May 29 1948

Immediate cause of death

Myocardial infarction

DURATION

4 hours

Due to

arteriosclerosis

Due to

Other conditions

Preterminal myocardial infarction
Amputation (hip) lower extremity
(Include pregnancy within 3 months of death)

Major findings of operations

Strangulated inguinal hernia

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

W. J. CoatesAddress Cambridge, Md.

M. D. other

6/1/48

Date signed

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310

04953

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... **Dorchester**
 City or town..... **rural near Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **14 days**
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?..... **14 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County..... **Dorchester**
 State.....
 City or town..... **Secretary, RFD East New Market**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Marion Emerson Collins

3.(b) Social Security Number

218-07-0001

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

8.(b) Name of husband or wife

Mary Marie Morris

7. Birth date of deceased (mo., day, yr.)

December 4, 1914

6.(c) If alive, give age..... years

26

8. AGE:

Years

33

Months

5

Days

8

If less than one day

..... hrs.

..... min.

9. Birthplace

RFD Trappe, Talbot County, Maryland

(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

agriculture

FATHER

12. Name

Henry Tilghman Collins

13. Birthplace

Talbot County, Maryland

MOTHER

14. Maiden name

Sadie Caroline Saunders

15. Birthplace

Talbot County, Maryland

16. Informant

Eastern Shore State Hospital records

Address

Cambridge, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 14 1948

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

May 14 1948

19.

John M. M. M.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 12** 19 **48** at **12:45p.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2219 **48** to**May 12**19 **48**

and that I last saw him alive on

May 1119 **48**

Immediate cause of death

Chronic nephritis

DURATION

5 yrs.Due to..... **Hypertension (essential)****10 yrs.**Due to..... **Chronic myocardial degeneration****5 yrs.**

Other conditions

Without psychosis, no**mental condition present**

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

Robert Bertrand May, M.D.

23. SIGNATURE

Robert Bertrand May, M.D.**Eastern Shore State Hospital**

M.D. or other

Address **Cambridge, Maryland**Date signed **5-12-48**

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 years
 Hospital, institution, or street address where death occurred:
Brookview
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Brookview
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary M. Collins

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Cyrus J. Collins
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 15, 1870
 8. AGE: Years 77 Months 3 Days 18 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1948 at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 4, 1948 to May 9, 1948
 and that I last saw him alive on May 8, 1948

Immediate cause of death Pneumonia DURATION month

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

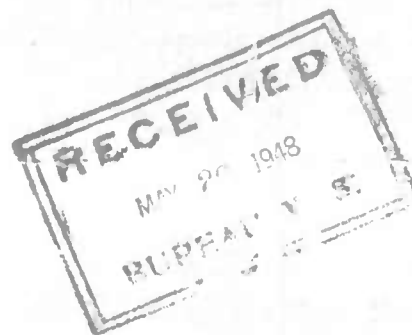
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. S. Harpstone M. D. or other _____Address Harpstone Md Date signed 5/10/48

9. Birthplace Wicomico County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home
 12. Name Robert English
 13. Birthplace Wicomico County, Maryland
 14. Maiden name Dorothy Bennett
 15. Birthplace Wicomico County, Maryland
 16. Informant Mrs. Hattie Murphy
 Address Rhodesdale, Maryland, R.F.D.
 17. Burial Date thereof May 12, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Brookview Cemetery
 Location Brookview, Maryland
 18. Funeral director J. J. Harpstone & Son
 Address Federalburg, Maryland
 19. May 12 - 1948 Registrar Charles J. Harpstone
 (Date rec'd by registrar)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 Years
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 8 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 13 Muir St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Blanche C. Dean

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife
 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1893
 8. AGE: Years 54 Months 11 Days 25 If less than one day hrs. min.

9. Birthplace James Island Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation
 11. Industry or business

FATHER 12. Name John Dean
 13. Birthplace Maryland

MOTHER 14. Maiden name Martha Elizabeth Meekins
 15. Birthplace Maryland

16. Informant Mr. Allen Lee Packard, Jr.
 Address Cambridge, Maryland

17. Burial Date thereof May 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn Cemetery
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. May 24, 1948 John Mace
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1948 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16, 1948 to death 19 48
 and that I last saw her alive on May 18, 1948

Immediate cause of death: Cachexia, severe
terminal DURATION 30 yrs

Due to: Glucosuria 6 mo
diabetic & acute 2 wks

Due to: glucosuria?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace M. D. or other

Address Cambridge Date signed May 21

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04956

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
RFD # 2
 How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 2
 (If rural, give LOCATION)
 2(a) If veteran, name war World War 1

3. (a) FULL NAME

Earl W. Fooks

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

B. (b) Name of husband or wife Nellie C. Handley

7. Birth date of deceased (mo., day, yr.) March 17, 1890 6. (c) If alive, give age - - - - years

8. AGE: Years 58 Months 2 Days 2 If less than one day - - - - hrs. - - - - min.

9. Birthplace Salem, Dor. Co., Maryland
 (Town, county, and state)

10. Usual occupation - - - - Retired salesman

11. Industry or business - - - - Liquors tobacco

12. Name M. T. R. Fooks

13. Birthplace Maryland

14. Maiden name Ellen Wrightson

15. Birthplace Maryland

16. Informant Mrs. Nellie H. Fooks

Address Cambridge, Maryland

17. Burial Date thereof May 31, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location Cambridge, Maryland. RFD

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 31 - 1948 John MacFarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 48 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3:10 PM on May 29 to on March 19 1948

and that I last saw him in sleep give on control him throat 1948

Immediate cause of death Control him throat

Died in sleep

Due to - - - -

Due to - - - -

Other conditions Complete heart and lungs

(Include pregnancy within 3 months of death)

Major findings of operations - - - -

Date of op. - - - -

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of - - - -

Where did injury occur? - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - -

Means of injury - - - - Injured at work? - - - -

23. SIGNATURE Earl Steele

M. D. or other

Address Cambridge, Md. Date signed May 31 - 1948

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

I. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Pauline Baum Garner

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Daniel Garner

7. Birth date of

deceased (mo., day, yr.) Jan. 11, 18696.(c) If alive, give age 84 years

8. AGE:

Years

79

Months

4

Days

13

If less than one day

hrs.

min.

9. Birthplace

London, England

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Sol Baum

13. Birthplace

London, England

MOTHER

14. Maiden name

Helen Seidel

15. Birthplace

London, England

16. Informant

Mr. Daniel Garner

Address

Cambridge, Maryland

17.

BurialDate thereof May 25, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Freindship Chapel CemeteryLocation Baltimore, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

May 25, 1948

(Date rec'd by registrar)

John Mace

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16, 1948 to May 24, 1948and that I last saw her alive on May 20, 1948

Immediate cause of death

Terminal BronchopneumoniaDue to Cerebral hemorrhageDue to arteriosclerotic CVS

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Edwards H. W. WynnAddress Cambridge MdDate signed 5-24-48

M. D. or other

RECEIVED

MAY 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04958

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 38 Poplar
(If rural, give LOCATION)
2.(a) If veteran, name war World War #1

3. (a) FULL NAME

James C. Henry

3. (b) Social Security Number

220-12-2306

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Rosamond Parks

7. Birth date of deceased (mo., day, yr.) August 21, 1890 6. (c) If alive, give age 50 years

8. AGE: Years 57 Months 8 Days 23 If less than one day hrs. min.

9. Birthplace Wenona, Md. R.F.D.
(Town, county, and state)

10. Usual occupation Sailor, retired

11. Industry or business Oscar C. Henry

12. Name 38 Poplar St., Cambridge

13. Birthplace Lehigh, Pa.

14. Maiden name Lehigh Hurley

15. Birthplace Lehigh, Pa.

16. Informant Mrs. Rosamond Henry

Address 38 Poplar St., Cambridge

17. Burial Date thereof 5-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Arlington National

Location Fort Meyer, Va.

18. Funeral director Rembert R. Thomas

Address Cambridge, Md.

19. May 17, 48 John Henry Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 48 at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 19 48 to May 14 19 48

and that I last saw him alive on May 14 19 48

Immediate cause of death Coronary artery disease

Due to Arteriosclerosis

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Henry

Address Cambridge, Md.

Date signed 5-17-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County Dorchester
 City or town Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 74 years
 Hospital, institution, or street address where death occurred:
Taylor's Island
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Taylor's Island
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Rose Hooper

3. (b) Social Security Number

4. Sex F. 5. Color or race C. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife James H. Hooper
 6. (c) If alive, give age 76 years
 7. Birth date of deceased (mo., day, yr.) Feb. 7, 1875
 8. AGE: Years 75 Months 3 Days 13 If less than one day
hrs. min.

9. Birthplace Taylor's Island, Md. Dorchester
 (Town, county, and state)
none

10. Usual occupation none11. Industry or business none12. Name Jake Travis13. Birthplace Taylor's Island14. Maiden name Matilda Lane15. Birthplace Taylor's Island16. Informant Willie E. HooperAddress Taylor's Island

17. burial Date thereof May 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Taylor's Island M. E.Location Taylor's Island18. Funeral director Lewis BayneumAddress 204 Washington St.

19. May 22, 1948 John Mace Jr MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 48 at 1:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 14 19 48 to May 14 19 48

and that I last saw her alive on May 14 19 48

Immediate cause of death Congestive heart failure
 DURATION

Due to Carcinomatosis

Due to Primary carcinoma of the Sacrum
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edwin Faint M. D. or other

Address 300 Main St Date signed 5-22-48

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0496116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 Years
 Hospital, institution, or street address where death occurred:
103 Willis St.
 How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 103 Willis St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - -

3. (a) FULL NAME

Adelia Stewart Insley

3. (b) Social Security Number

- - - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Wesley P. Insley
 7. Birth date of deceased (mo., day, yr.) June 20, 1863 6.(c) If alive, give age 81 years
 8. AGE: Years 84 Months 10 Days 18 If less than one day - hrs. - min.

9. Birthplace Wicomico Co., Maryland
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business Home
 12. Name W. John Stewart
 13. Birthplace Maryland
 14. Maiden name Martha Messick
 15. Birthplace Maryland

16. Informant Mrs. Charles Barnes
 Address Cambridge, Maryland.
 17. Burial Date thereof May 11, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
Cambridge, Maryland
 Location
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. May 11 - 48 John Messick MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948 at 11:30A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 3 MAY 1948 to 8 MAY 1948
 and that I last saw her alive on 7 MAY 1948

Immediate cause of death CARDIAC DECOMPENSATION DURATION

Due to OLD AGE

Due to

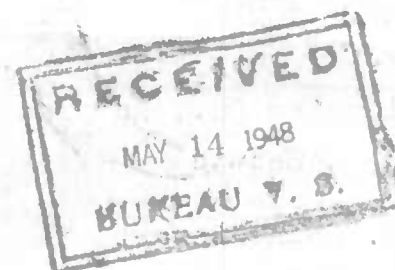
Other conditions PNEUMONIA, Lobar
Left lower lobe 6/30/48
 (Include pregnancy within 3 months of death) as

Major findings of operations - - - - Date of op. - - - -

Autopsy results - - - -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - - - - Date of - - - -
 Where did injury occur? - - - - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) - - - -
 Means of injury - - - - Injured at work? - - - -

23. SIGNATURE John Messick MD M.D. or other
 Address 105 Church St Date signed - - - -



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

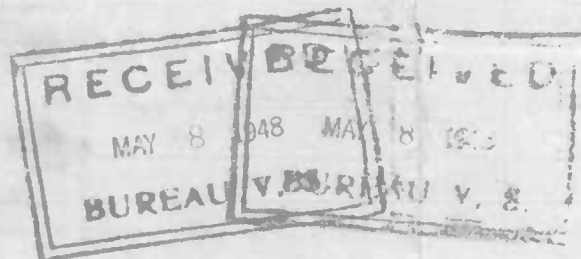
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 110

04961

| | | | | | | | |
|---|--|--|--|---|--|------------------------------|--|
| 1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>HURLOCK</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>9 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution? | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war | | | |
| 3. (a) FULL NAME <u>ELLA MCDANIEL</u> | | | | 3. (b) Social Security Number | | | |
| 4. Sex <u>female</u> | | 5. Color or race <u>C</u> | | 6. (a) Single, married, widowed, or divorced <u>MARRIED</u> | | MEDICAL CERTIFICATION | |
| 6. (b) Name of husband or wife <u>McDaniel</u> | | | | 20. DATE OF DEATH <u>May 2</u> 19 <u>48</u> at <u>9:45 P.</u> M | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>Jan. 9, 1909</u> | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 1947</u> 19 <u>47</u> to <u>May 2</u> 19 <u>48</u> and the last saw <u>er</u> alive on <u>May 2</u> 19 <u>48</u> Immediate cause of death <u>Syphilitic Aortitis</u> DURATION <u>1 year</u> | | | |
| 8. AGE: Years <u>39</u> Months <u>3</u> Days <u>23</u> If less than one day hrs. min. | | 6. (c) If alive, give age years | | Due to Due to Other conditions <u>Obesity</u> (Include pregnancy within 8 months of death) | | | |
| 9. Birthplace <u>Ridgely, Caroline County</u> (Town, county, and state) | | | | Major findings of operations Date of op. | | | |
| 10. Usual occupation <u>Housewife</u> | | | | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | |
| 11. Industry or business | | | | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| FATHER | | 12. Name <u>George Thomas</u> | | Accident, suicide, or homicide Date of | | | |
| 13. Birthplace <u>Conowingo, Talbot County</u> | | 14. Maiden name <u>Ella Thomas</u> | | Where did injury occur? (City or town) (County) (State) | | | |
| MOTHER | | 15. Birthplace <u>Ridgely, Caroline Co.</u> | | Injured at home, farm, industry, public place (where?) | | | |
| 16. Informant <u>George Thomas</u> | | 17. Burial <u>May 5, 1948</u> | | Means of injury Injured at work? | | | |
| Address <u>Hurlock, Caroline Co. Md.</u> | | Cemetery or crematory <u>New Chapel</u> | | 23. SIGNATURE <u>W. C. Harrison MD</u> M. D. or other | | | |
| Location <u>Conowingo, Talbot Co. Md.</u> | | Funeral director <u>Charles H. Harkings</u> | | Address <u>Hurlock Md.</u> Date signed <u>5/3/48</u> | | | |
| Address <u>Conowingo Md.</u> | | 19. May 5 - 1948 | | (Date rec'd by registrar) Registrar | | | |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

04962

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

6 Meadow Ave.

How long in hospital or institution? - - - -

3. (a) FULL NAME

Helene Marie Mende

3. (b) Social Security Number

- - - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Max M. Mende(Died 10/23/1903)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1859 / 1861

8. AGE:

Years

Months

Days

If less than one day

86616

..... hrs.

..... min.

9. Birthplace Hallie (On Salle) Germany
(Town, county, and state)

10. Usual occupation - - - - -

11. Industry or business - - - - -

12. Name Not Known13. Birthplace " "14. Maiden name Not Known15. Birthplace " "16. Informant Mr. Gus MendeAddress RFD # 2, Cambridge, Maryland17. Burial Date thereof May 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. May 9, 1948 John Mende, MD
(Date rec'd by registrar) Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Meadow Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war - - - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948 at 4:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 28 to May 7
and that I last saw her alive on May 7

Immediate cause of death

Cerebral Hemorrhage
Arteriosclerosis

DURATION

8 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alfred E. Brunker MD
Cambridge Md. Date signed 5-8-48

RECEIVED

MAY 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Vienna
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Sarah Jane Merrick

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Alfred Merrick
Deceased 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 2nd 1856
 8. AGE: Years 92 Months 1 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
Housewife

10. Usual occupation _____
 11. Industry or business _____

12. Name William Christopher
 13. Birthplace Maryland
 14. Maiden name Julia Ann
 15. Birthplace Maryland

16. Informant Son: Lloyd Hurst
 Address Vienna, Maryland

17. Burial Date thereof May 22 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Crematorium
 Location Vienna

18. Funeral director H. B. Willoughby
 Address East New Market

19. May 21 - 40 years married
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1948 19____ at 6:45pm M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1948 19____ to May 19 1948 19____
 and that I last saw him/her alive on May 19 1948 19____

Immediate cause of death Chronic Myocardial degeneration

DURATION
20yrs

Due to Arteriosclerosis 25yrs

Due to Senility 20yrs

Other conditions Fractured left femur 3WEEKS

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 4/29/48
 Where did injury occur? in Cambridge Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) in State Hosp
 Manner of injury Fall Injured at work?

23. SIGNATURE Guy M. Beaumais M.D. M. D. or other _____
 Address Amory, Md Date signed 5/19/48

M

MARGIN RESERVED FOR BINDING

RECEIVED

MAY 22 1948

BUREAU V. S.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04964

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
228 Robbins St.

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 228 Robbins St.
(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Sarah Virginia Mills

3. (b) Social Security Number

- - -

| | | |
|-------------------------|----------------------------------|--|
| 4. Sex <u>Female</u> | 5. Color or race <u>White</u> | 6. (a) Single, married, widowed, or divorced <u>Widowed</u> |
|-------------------------|----------------------------------|--|

6. (b) Name of husband or wife William W. Mills

(Died-8/25/1943)

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1861

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>86</u> | <u>5</u> | <u>13</u> | hrs. min. |

9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation - - - - -

11. Industry or business - - - - -

FATHER 12. Name Thomas H. Todd

13. Birthplace Maryland

MOTHER 14. Maiden name Amelia 'Todd'

15. Birthplace Maryland

16. Informant Mrs. Granville Pritchett

Address Cambridge, Maryland.

17. Burial Date thereof May 16, 1948.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 16, 48 John Mauph md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948 at 1:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 13, 1948 to Jan. 13, 1948
and that I last saw her alive on Jan. 13, 1948

Immediate cause of death Intercerebral

DURATION

1 yr.

Due to - - - - -

Due to - - - - -

Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -

Date of op. - - - - -

Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -

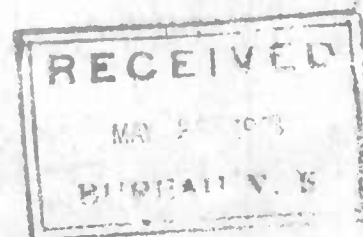
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Todd M. D. or other

Address Baltimore, Md. Date signed 6/15/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04965

Reg. Dist. No. 112.

1. PLACE OF DEATH:

County Dorchester CoCity or town _____
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all life

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Vienna, R.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry Sophronia Malock

3. (b) Social Security Number

4. Sex female 5. Color or race Col 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) May 13 1944 6.(c) If alive, give age _____ years8. AGE: 1 Years _____ Months _____ Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Salem
Town, county, and state10. Usual occupation infant

11. Industry or business _____

12. Name Alis Malock13. Birthplace Dorchester Co14. Maiden name Agustine Malock15. Birthplace Blacktown18. Informant Alis MalockAddress Salem17. face neck Date thereof May 22
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory face neck

Location _____

18. Funeral director Levy H. BaynesAddress Cambridge19. May 22 18. 48 Elizabeth D. Graft
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 19. _____ at 10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18th., 1948 19. _____ to May 18th., 1948.and that I last saw him or alive on May 18th., 1948 19. _____Immediate cause of death Lobar Pneumonia.DURATION
3 days.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edward E. LamkinEdward E. Lamkin, M.D. M. D. or otherAddress Vienna, Maryland Date signed _____

RECEIVED
MAY 26 1948
BUREAU V. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

64966

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Federalburg - Preston Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Federalburg - Preston Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Oliver Tindly Newcomb

3. (b) Social Security Number

None

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced single
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) February 14, 1929
 8. AGE: Years Months Days If less than one day
19 3 0 hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Day Laborer
 11. Industry or business Farm

FATHER 12. Name Samuel Newcomb
 13. Birthplace Caroline County, Maryland
 MOTHER 14. Maiden name Catherine Crutch
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Catherine Newcomb
 Address Federalburg, Maryland, R.F.D.
 17. Burial Date thereof May 17, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory John's Cemetery
 Location Near Preston, Maryland
 18. Funeral director J. J. Transporth and son
 Address Federalburg, Maryland

19. May 17 - 19 48 Charles W. Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 48 at 8:25 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 19 48 to May 18 19 48
 and that I last saw him alive on May 18 19 48

Immediate cause of death Lympho Sarcoma
 DURATION 6 months

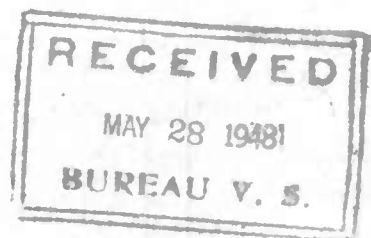
Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Biopsy of Lymph glands
Lympho Sarcoma Date of op. April 15, 1948
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.
Federalburg, Md. M. D. or other
 Address Date signed 5/17/48



RECEIVED

MAY 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH.

04967

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... **Dorchester**
City or town..... **Cambridge**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... **2 years 10ms. 17ds**
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
Now long in hospital or institution?..... **2 yrs. 10mos. 17 ds**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... **Maryland** County..... **Queen Anne's**
City or town..... **Centreville**
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Eudora Parvis

3. (b) Social Security Number

none

4. Sex..... **Female**
5. Color or race..... **White**
6.(a) Single, married, widowed, or divorced..... **Single**
6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... **(unknown) 1877**
8. AGE: Years..... **77** Months..... Days..... If less than one day..... hr. min.

9. Birthplace..... **Queen Anne's County**
(Town, county, and state)
10. Usual occupation..... **none**
11. Industry or business.....
12. Name..... **George Washington Parvis**
13. Birthplace..... **Queen Anne's County**
14. Maiden name..... **unknown**
15. Birthplace.....

16. Informant..... **Hospital Records**
Address..... **Cambridge, Maryland**
17. **Burial** Date thereof..... **May 26-48**
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory..... **Church Hill**
Location..... **Church Hill Maryland**
18. Funeral director..... **Barton Bros**
Address..... **Centreville Maryland**
19. **May 24-48** **John M. Johnson**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 23** 19 **48** at **12 noon**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 6 19 **45** to **May 23** 19 **48**
and that I last saw him/her alive on **May 23** 19 **48**

Immediate cause of death.....
DURATION.....
Arteriosclerotic cardiovascular disease
Due to.....
Senility
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE..... **Guylb. [Signature]** M. D. or other
Address..... **Cambridge, Md** Date signed..... **5/23/48**

MARGIN RESERVED FOR BINDING

VS A15 9-43:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948
77
1871

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04968

131a

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Cambridge Md. Hospital
 Hospital, institution, or street address where death occurred: 26 days
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Lennie M. Paul

3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) April 9, 1884 6. (c) If alive, give age _____ years

8. AGE: Years 64 Months 1 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace: Golden Hill, Md.
 (Town, county, and state)

10. Usual occupation Shoe Repairman

11. Industry or business _____

12. Name Hubert Paul13. Birthplace Dor Co.14. Maiden name Julia McBrath15. Birthplace Dor Co.16. Informant Mrs. Marie GarrettAddress 224 Race St. Cambridge Md17. Burial Date thereof 5-25-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery St. Francis M.E. ChurchyardLocation Golden Hill18. Funeral director Kenneth R. ShoupsAddress Cambridge, Md19. May 16 48 John McBrath

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 - 1948 at 4:30 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6, 1948 to May 23, 1948and that I last saw him alive on _____ 19____Immediate cause of death hemiparesishemiparesisDue to hypertensive cardio-vascularrenal disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

3. SIGNATURE L. O. Meredith

M. D. or other _____

Address Cambridge, Maryland Date signed May 24, 1948

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04969 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

12 Glasgow St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 12 Glasgow St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mary Jane Robbins

3. (b) Social Security Number

| | | |
|-------------------------|----------------------------------|--|
| 4. Sex <u>Female</u> | 5. Color or race <u>White</u> | 6. (a) Single, married, widowed, or divorced <u>Widowed</u> |
|-------------------------|----------------------------------|--|

6. (b) Name of husband or wife James Robbins
Died 18997. Birth date of deceased (mo., day, yr.) Oct. 17, 1859

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>88</u> | <u>7</u> | <u>6</u> | hrs. min. |

9. Birthplace Hills Point, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William S. Cook13. Birthplace Maryland14. Maiden name Sallie Ann Cook15. Birthplace Maryland16. Informant Mr. Frank RobbinsAddress Cambridge, Maryland17. Burial Date thereof May 25, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. May 26 1948 John Maup MD

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 at 7:55A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/15 to 5/23 1948and that I last saw him alive on 5/23 1948Immediate cause of death Myocardial failure DURATION 24 hoursDue to Toxemia of pregnancy 7/5/48Due to puerperalOther conditions puerperal

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following. none

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Cook M. D. May 24 1948Address Cambridge, Md. Date signed

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge RFD 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) none
 2. (a) If veteran, name war _____

3. (a) FULL NAME

G. Theodore Robinson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (v) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Delma Neal

7. Birth date of deceased (mo., day, yr.)

July 17-1920

6. (c) If alive, give age

25 years

8. AGE:

Years 27Months 9Days 24

If less than one day

hrs. _____

min. _____

9. Birthplace

Fishing Creek, Md.

(Town, county, and state)

10. Usual occupation

Foreman, Food Cannery

11. Industry or business

Gomper Robinson

MOTHER FATHER

12. Name

Day Co.

13. Birthplace

Berlie Phillips

14. Maiden name

Day Co.

15. Birthplace

16. Informant

Mrs Delma N. Robinson

Address

Cambridge, Md. RFD 2

17.

(Burial, cremation, or removal. Which?)

Date thereof

5-13-48

Cemetery or crematorium

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

Samuel R. Thomas

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

5-14-48John Meep

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 11 1948 9:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11 1948 to May 11 1948and that I last saw him/her alive on May 11/48 19

Immediate cause of death

Angina Pectoris

DURATION

3 hrs.

Due to

Due to

Other conditions

Chronic Bronchial Asthma

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Meep, M.D.

M. D. or other

Address

Cambridge, Md.

Date signed

May 14/48

RECEIVED

MAY 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04971 116

1. PLACE OF DEATH:
County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 10 yrs
Hospital, institution, or street address where death occurred:
10 Park Lane
How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 10 Park Lane
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Ida Smith

3. (b) Social Security Number

4. Sex..... female
5. Color or race..... colored
6. (a) Single, married, widowed, or divorced..... Widowed
6. (b) Name of husband or wife..... Samuel Smith
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... 1873 X X
8. AGE: Years..... 75? Months..... X Days..... X If less than one day..... hrs. min.
9. Birthplace..... Penn.
(Town, county, and state)
10. Usual occupation..... none
11. Industry or business..... X X
FATHER
12. Name..... unknown
13. Birthplace..... X X
MOTHER
14. Maiden name..... unknown
15. Birthplace..... X X

16. Informant..... William Robinson
Address..... 10 Park Lane Cambridge, Md
17. Burial
(Burial, cremation, or removal, Which?) Date thereof..... July 29, 1948
(month) (day) (year)
Cemetery or crematory..... Waucho Cemetery
Location..... Cambridge Md
18. Funeral director..... John Mace
Address..... Cambridge, Md
19. June 1 - 1948
(Date rec'd by registrar) Registrar..... John Mace

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 29 1948 at 6 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X..... 19..... to..... X X..... 19
and that I last saw h..... alive on..... X X..... 19
Immediate cause of death.....
Disease of Coronary Arteries
DURATION
Sudden
Death
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town)..... (County)..... (State).....
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?
23. SIGNATURE..... Dr. R. Shivers, Dep. Med. Ex.
M.D. or other
Address..... Cambridge, Md. Date signed..... May 31/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUN 3 1948

BUREAU V. S.

VS A15

9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, sex, occupation, education, and other facts are essential. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04972

93d

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs., 10 mos., 18 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 2 yrs., 10 mos., 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Chesapeake City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war. _____

3. (a) FULL NAME

Mary Estella Smith

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female

white

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 25, 1864

8. AGE: Years Months Days If less than one day

83

6

hrs. min.

9. Birthplace Cecilton, Cecil County, Maryland
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name George Taylor

13. Birthplace Cecil County, Maryland

MOTHER 14. Maiden name Mary Estella Taylor

15. Birthplace Maryland

16. Informant Eastern Shore State Hospital Records
 Address Cambridge, Maryland

17. Buried Date thereof May 28, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cecilton

Location Cecilton Md.

18. Funeral director H. W. Pippin & Son Inc. Funeral

Address Elkton Md.

19. May 25 19 48 John M. Mason Jr. Md.
 (Date rec'd registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1948 at 6:15 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 7, 1945 to May 25, 1948

and that I last saw her alive on May 25, 1948

Immediate cause of death

Chronic myocarditis and
myocardial degeneration

DURATION

more

than

3 yrs.

Due to

Due to

Other conditions

blindness
senile psychosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe
Grace M. Branscombe, M.D. or other

Address E.S.S.H., Cambridge, Md. Date signed 5/25/48

RECEIVED

MAY 28 1948

BUREAU V. S.

must have been

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

04973

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County... Dorchester
 City or town... Cambridge, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 days
 Hospital, institution, or street address where death occurred
Cambridge Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md. County... Dorchester
 City or town... Hurlock
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Pauline B. Stack

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Charles Stack

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1893

8. AGE: Years 55 Months 3 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Indeplabug, Caroline, Md.
 (Town, county and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name C. Arthur Pratt

13. Birthplace Bridgeport Conn.

14. Maiden name Michael Veillard

15. Birthplace France

16. Informant Charles Stack

Address Hurlock, Md.

17. Burial Date thereof 5/13/48

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Washington

Location Hurlock, Md.

18. Funeral Director F.B. McLaughlin

Address East New Market

19. May 13, 1948 John Maas Md

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1948 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 21, 1948 to MAY 11, 1948 and that I last saw him alive on May 17, 1948

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions Neurological

(Include pregnancy within 8 months of death) None

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; No

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE W. J. Banks M. D. & other

Address Cambridge, Md. Date signed 5/12/48

RECEIVED

RECEIVED

MAY 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 YearsHospital, institution, or street address where death occurred:
Home-Fishing CreekHow long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. Fishing Creek
(If rural, give LOCATION)2.(a) If veteran, name war - - -

3.(a) FULL NAME

Daniel Robert Tall

3.(b) Social Security Number

- - -

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Elba Flowers6.(c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) Jan. 14, 18848. AGE: Years 64 Months 4 Days 0 If less than one day
hrs. min.9. Birthplace Lakesville, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Blacksmith11. Industry or business II12. Name John T. Tall13. Birthplace Maryland14. Maiden name Isabella Cannon15. Birthplace Maryland16. Informant Mrs. Elba F. TallAddress Fishing Creek, Maryland17. Burial Date thereof May 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Hoosier Memorial CemeteryLocation Fishing Creek, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Camb ridge, Maryland.19. May 15 1948 James W. Meade
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1948 at 3 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 12, 1948 to May 14, 1948and that I last saw him alive on May 13, 1948Immediate cause of death Silosis of lungs DURATION 3 yrs.Due to Chronic Asthma 10 yrs.Due to - - -Other conditions Cardiac decompensation 2 day

(Include pregnancy within 3 months of death)

Major findings of operations - - - Date of op. - - -Autopsy results - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - Date of - - -Where did injury occur? - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - -Means of injury - - - Injured at work? - - -23. SIGNATURE James W. Meade M.D. M. D. or otherAddress Cambridge Md Date signed May 15/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Maryalice Taylor

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

deceased

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

84641863

9. Birthplace

(Town, county, and state)

mdHonore Wtsp

10. Usual occupation

same

11. Industry or business

same

12. Name

Sylvester Blaweth

13. Birthplace

Quids Grove

14. Maiden name

Irish Lewis

15. Birthplace

Caroline Co.

16. Informant

Mr. S. D. Blaweth

Address

Vienna, Md

17. Burial

(Burial, cremation, or removal. Which?)

Burial

Date thereof

May 19, 1948

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

Address

East New Market

19. May 18 1948

(Date rec'd by registrar)

Registrar

Elizabeth C. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 25 1948, to May 16 1948and that I last saw her alive on May 16 1948

Immediate cause of death

Heart disease, valvular

DURATION

Some years

Due to

senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

R. P. Brown M.D.Address East New Market, Md Date signed 5/18/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

